SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

OMB No. 1545-0047

2015

Open to Public Inspection

GLO	BAL HINDU HERITAGE FOUNDATIO	N				41-22	58630	
Par							ons,	
The c	organization is not a private founda				•	•		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described is section 170(b)(1)(A)(iv). (Complete Part II.)							
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general publi described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gros							
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of it							
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses							
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
10								
11								
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check							
	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.							
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b								
control or management of the supporting organization vested in the same persons that control or manage the sup							ge the supported	
	organization(s). You must complete Part IV, Sections A and C.							
С								
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
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	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
,	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.							
f	f Enter the number of supported organizations							
g Provide the following information about the supported organization(s).								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in yo	erganization ur governing ment?	support (see	(vi) Amount of other support (see	
			above (300 manucions))			instructions)	instructions)	
				Yes	No			
(A)				<u>.</u>	}			
(B)								
				 	 	 		
(C)	·							
(D)	-							
(E)								
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Total	I	No.			14355			

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GLOBAL HINDU HERITAGE FOUNDATION 14726 HARMONY LN FRISCO TX 75035



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

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PRESIDENT.

Title